

TWENTY-FIVE YEARS AGO†

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 9, September, 1919

EXCERPTS FROM EDITORIAL NOTES

Locations for Doctors.—The physicians of California who have been in service are rapidly returning to their homes. Many of them are seeking new locations. A general shaking-up of locations is in progress. There are many opportunities for practice in the smaller towns and rural sections, especially, and there are many places where physicians are urgently needed. It is requested that every person knowing of any such need or opportunity for practice will communicate with the office of the State Medical Society, as this office is in a position to place many doctors throughout the State if only local needs can be recognized. It is a matter of service to these communities, and also of service to the returning physicians who wish to lose no time in reestablishing themselves. It is the desire of this office to serve both. Will you assist? . . .

The Boy Scouts' Oath.—The Boy Scout promises on his honor

"1. To do my duty to God and my country, and to obey the Scout Law,

2. To help other people at all times,

3. To keep myself physically strong, mentally awake, and morally straight."

How is that for a program for the average busy physician? This latter has all too little time to consider questions of morals and ethics. . . .

Lines of Effective Preventive Medicine.—According to the summary of mortality statistics for 1917 by the Census Bureau, twenty-seven states, forty-three cities additional, and the District of Columbia, containing all told, 73 per cent of the population of the United States, now comprise the registration area of the United States. Over a third of the recorded deaths in this area were due to cardio-renal disease, apoplexy, cancer, enteritis, influenza, diabetes, diphtheria and bronchitis. Here is a group of diseases on which preventive medicine should concentrate. Epidemic diseases with known or unknown bacterial causes are rapidly being rendered controllable. . . .

Medical Examinations.—Few graduates of medical schools have failed to comment at some time on the imperfect coaptation of medical examinations to the problem of determining if a certain student has learned enough to make a safe and fairly efficient doctor. The same problem arises in the examinations of state medical examining boards. How shall it be determined that a certain applicant can be released upon the public with assurance of safety to the public and benefit to the sick? We are not now concerned with the further problem, equally crucial, as to how it shall be determined whether representatives of various faddist and short-cut methods are safe to be entrusted with the function of healing.

(Continued in Front Advertising Section, on Page 20)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

Historical reminiscences, papers and other archives will be welcomed by the C.M.A. Committee on History, to whom such should be sent. Address same to the Committee's Secretary, Dr. George H. Kress, Room 2004, 450 Sutter, San Francisco, 8.

By F. N. SCATENA, M. D.

Secretary-Treasurer

Board Proceedings

A regular meeting of the Board of Medical Examiners was held at the Elks Club, Los Angeles, from August 21st to 24th, inclusive.

Applicants for written examination included Physicians and Surgeons, Chiropodists and one Midwife.

An oral examination was held at the Board office in Los Angeles on August 19th, such examinations being required of applicants basing their application to California on a license issued more than ten years ago by their home state.

Legal hearings were held, pursuant to the issuance of citations, and complaints charging infractions of various sections of the Business and Professions Code.

News

"Charges that Dr. M. M. Kirksey, physician and surgeon at the Stockton State Hospital, was abusive to patients and fellow employees, were filed with the State Personnel Board today by Dr. Margaret H. Smyth, hospital superintendent, who asked for Dr. Kirksey's dismissal from State service. On June 7, Dr. Smyth charged, Dr. Kirksey lifted patient Lew Fay by the hair and hurled him several feet. The complaint accuses Dr. Kirksey, who has been on the hospital staff since June of 1936, of making physical attacks upon George Schlein, Emil Berke and Joe Vaughn, hospital employees." (Associated Press dispatch, dated Sacramento, Aug. 3, from San Francisco *Call-Bulletin*, Aug. 3, 1944.)

"A restraining suit brought by 20 chiropractors of the Los Angeles area in the Sacramento county superior court yesterday charged that the State Board of Chiropractic Examiners had 'interfered' with their operations. The action, brought by attorney Morris Lavine, alleged the Board acted arbitrarily and without a hearing to revoke the plaintiffs' licenses. Judge Peter Shields will decide August 7 whether to issue a permanent restraining order." (Los Angeles *Daily News*, July 15, 1944.)

"In an unheralded appearance in Superior Court yesterday, Dr. Roland W. Harris, chiropractor, charged with the murder of Mrs. Julia Zubillaga, 26-year-old mother of five children, walked into the courtroom of Judge Leslie E. Still with his attorneys, Walfred Jacobson and Henry Rupp, and asked the court for permission to withdraw his plea of not guilty to the murder charge and to enter a plea of guilty to a charge of manslaughter. Judge Still granted the permission and ordered Harris arraigned on the charge of manslaughter. . . . Manslaughter is a probational offense in California, and on his plea of guilty the chiropractor may be granted straight probation without imprisonment or he may be granted probation with the condition that he spend some time in the county jail. If the probation in any form is granted, the chiropractor will escape the penitentiary, but if probation is denied he will be sentenced to the State prison from 1 to 10 years." (Long Beach *Sun*, July 14, 1944.)

(Continued in Back Advertising Section, on Page 50)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.

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TWENTY-FIVE YEARS AGO

(Continued from Text Page 178)

We are limited to consideration of what constitutes a fair and adequate examination for a medical student or a doctor.

Dr. George Blumer, dean of the Yale Medical School, discusses this topic with eloquence and forethought. He summarizes the subject under six points which should be comprehended in each examination. . . .

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "Pregnancy After Uterine Suspension," by Ludwig A. Emge, S.B., M.D., San Francisco.—Much has been written about the dangers to parturient women arising as the result of previous ventral suspensions, or suspensions where ventral fixation has

occurred. In spite of this, the operation, which time after time has been warned against, still enjoys popularity among some surgeons. The explanation may be twofold. These surgeons either have no occasion to attend the same patient in their confinement, and consequently do not see the often unhappy outcome due to dystocia, or they prefer the operation on account of the absence of technical difficulties. . . .

From an Article on "Will the War Influence the Practice of Medicine, as a Business," by John C. King, M.D., Banning, Cal.—We hear much of reconstruction after the war. The meaning of the term, as applied to medicine, is quite as vague as when applied to business. No one knows its significance. Business men either fear or hope for certain changes. The ones they fear they call

(Continued on Page 22)

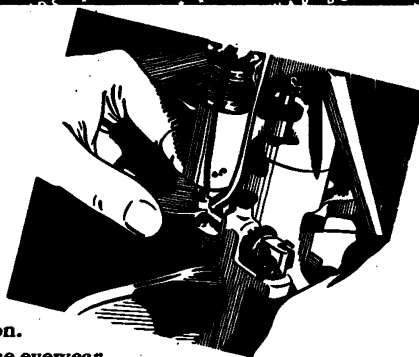
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TWENTY-FIVE YEARS AGO

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destructive; those hoped for they term reconstructive. Leaders of medical thought and writers of editorials in Medical Journals have expressed the conviction that the War has resulted, or will result, in certain profound, though as yet undefined, changes in the relations of physicians to each other, to the public or both. Among other points, stress has been laid upon the supposed facts that returning soldiers and their friends will demand a higher grade of professional ability than they had been accustomed to receive prior to the war; that more intense specialization will be required; that fewer fads and isms will be tolerated; that better hygienic conditions will be demanded; that owing to experience in camp and field physicians themselves have undergone inscrutable changes for the better; that, owing to these and other considerations, the practice of medicine, as a business, must adapt itself to new conditions. To most of these premises I respectfully dissent. . . .

From an Article on "Infections of the Oral Cavity and Their Relations to Systemic Diseases," by H. C. Bagby, M.D., Santa Barbara, Cal.—It affords me great pleasure to present for your consideration a paper bearing on one of the very important subjects in physical ailments, namely, the relation of infected foci of the mouth and systemic diseases.

I wish, however, to state that I realize that there are many other sources of infection other than the oral cavity and its appendages. Any organ may be the focus. . .

(Continued on Page 26)

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TWENTY-FIVE YEARS AGO

(Continued from Page 22)

From an Article on "The Epidemic of Filaria-Onchocerca," by William Thomas Fec, U. S. Consul at Guatemala City, Guatemala, September 29, 1917.—There has been discovered in the Republic of Guatemala, by Dr. Rodolfo Robles, a new disease of parasitic origin, hitherto unknown in the American continent, commonly called Erysipelas of the Coast; produced by infection of a parasite—*Filaria Onchocerca*.

The disease exists in a zone that ranges in an altitude between 2,000 and 4,000 feet above sea level, and it is supposed to be transmitted from person to person by the bite of a special genus of mosquito or fly, which is found only in the zone where the infection is existing. . . .

From an Article on "Increased Spinal Fluid Pressure as an Indicator of Meningeal Disease," by H. G. Mehrrens, M.D., San Francisco.—Increased spinal fluid pressure has long been recognized as a sign of meningeal inflammation. Its importance has been frequently emphasized, but its routine use has been delayed both by difficulties in securing an accurate reading and in interpreting these findings. . . .

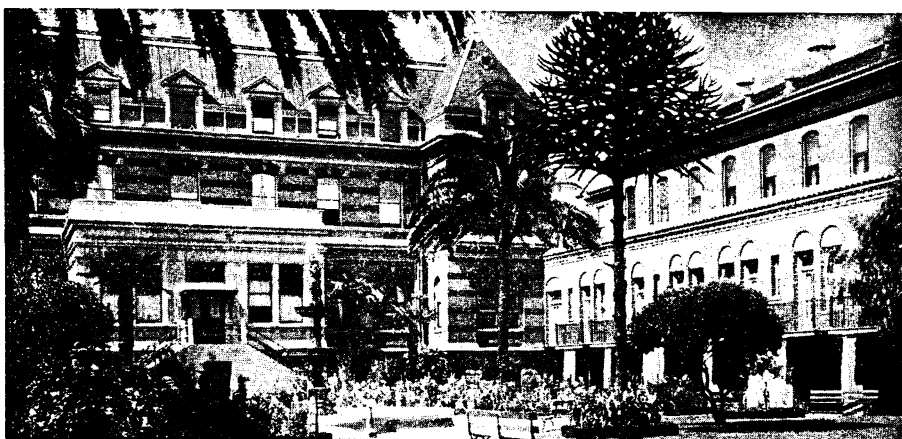
From an Article on "The Rapid Administration of Digitalis in Cardiac Decompensation," by W. E. Kay, M.D., and J. M. Tufts, M.D., San Francisco.—Digitalis medication has suffered in the past from this drawback: that the usual doses given by mouth do not produce a physiological effect until several days have elapsed. During this lapse of time the drug is accumulating in the

(Continued on Page 34)

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TWENTY-FIVE YEARS AGO

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body and the effect does not become apparent until this accumulation has reached a certain point. Among the means that have been suggested for overcoming this difficulty are injections of digitalis preparations either subcutaneously, intramuscularly, or intravenously. Subcutaneous and intramuscular injections are usually painful, while intravenous injections are less easily given and are attended with some increased danger. In any case full doses must be given in order to attain a prompt therapeutic result. For these reasons the introduction of a method whereby digitalization can be accomplished rapidly and with comparative safety, by oral administration of the drug, is a welcome addition to the modes of giving this drug. . . .

From an Article on "A Schematic Method for Estimating the Health Status of the Runabout Child," by C. Edgerton Carter, M.D., Los Angeles.—This is the time of a new viewpoint,—a renaissance due at first to the stimulus of the World War and now to the dawn of an appreciation of the possibilities that are ours in Conservation. Conservation of wealth, of life, of health, or in whatever direction we bend our efforts, astonishes us in its cumulative result. A life saved carries with it its capacity for achievement. . . .

From an Article on "Economical Aspects of State Hospital Discharges and Paroles," by M. J. Rowe, M.D., Mendocino State Hospital, Talmage, Cal.—During the two years ending June 30, 1918, there were 1,472 patients under treatment as insane. Of this number some have
(Continued on Page 36)

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TWENTY-FIVE YEARS AGO

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been residents since the opening of the hospital in 1893, while 379 were admitted during the last two years. Their ages are between 10 and 93 years.

From among this number 182 patients left the hospital to renew their social relations independently or with the assistance of relatives or friends. Their relationship to the hospital at the time of leaving is shown in Table I. . . .

From an Article on "The Use of Camphor as a Stimulant and as a Pneumococcicide in Pneumonia," by F. F. Gundrum, M.D., Sacramento, Cal.—The hypodermatic use of camphor dissolved in oil as a stimulant is too widespread to require introduction. All drug stores carry

a supply of this drug in ampoules sterilized and ready for immediate exhibition. The injection of camphor in larger doses with expectation of producing a pneumococidal effect has not been so universally adopted, but has been urged by Seibert and Cruikshank who report excellent results from this procedure. . . .

From an Article on "Focal Infections and Nerve Reflexes as Related to the Eye," by Clarence Edward Ide, M.D., San Diego.—My reason for selecting this subject is that in the course of my work I spend considerable valuable time arguing with dentists and fellow physicians in the effort to convince them that pathological conditions in the eye many times have their real, original cause, or source, in diseased areas in the teeth especially, or the tonsils, sinuses, ears, parotid glands, or just as

(Continued on Page 40)

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TWENTY-FIVE YEARS AGO

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surely in foci of infection in other parts of the body, as the gallbladder, appendix, urethra, prostate, stomach, intestines, or elsewhere. . . .

Excerpts from Correspondence Health Insurance:
August 2, 1919.

To the Editor:

A number of us doctors who battled against health insurance were recently discussing the lack of progress which that movement is making. We were told several years ago by imported and deported propagandists that it was surely coming and that California had just as well be first as last. Riverside county led the procession against it in last year's popular election. Eighty-two per cent of our voters thought just as we did. If we had it

to do over again, I am sure we would increase the percentage to ninety-two. The reason for this is set forth so conclusively in an editorial, which I am enclosing from the *Saturday Evening Post* of July 19th, 1919, that I am sure it will be of interest to all if you will publish it. I believe I can say with fullest assurance that it briefly expresses the thoughtful opinion of the medical profession.

(Editor's Note: The following editorial [year 1919] from the *Saturday Evening Post* is published in accordance with the above request:)

"Compulsory State-managed health insurance on the German pattern does not go well here. Americans—wage-earners as much as others—dislike 'compulsory'; they dislike being dry-nursed under the paternal hand of the State. The cost would be high. Many members of

(Continued on Page 42)

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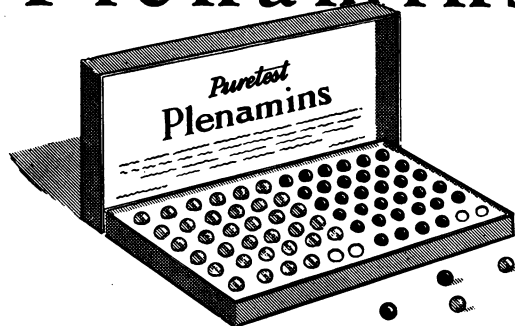
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TWENTY-FIVE YEARS AGO

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the medical profession object to it. Many workmen believe it would set up an oppressive discrimination against persons who, though not in perfect health, are able to do a very good day's work. Compulsory insurance was decisively defeated in the California prebiscite. It failed in New York." . . .

Excerpt from Immunity: Puts R. A. C. on the Rack
Los Angeles, July 9, 1919.

To the Editor:

Although the reckless impeachment of our profession by R. A. C., who states in the Immunity Column of the July issue of *The Journal* that not one doctor in ten reads the State Medical Journal, will not be taken seriously by any doctor in the State, yet the fact that some lay readers of the *Journal* might be misled compels me to challenge this mendacious statement.

R. A. C. may have been attempting to perpetrate a practical joke, and the initials, for ought I know, may stand for "Rural Asinine Camouflage." Gauged by his expressions, that would seem to be the most appropriate and charitable interpretation. . . .

I also asked each doctor, "Do you know any doctor who receives the *Journal* and whose interest in medical subject is so atrophied that he refuses to read?" The composite reply to this was that they considered it a wanton waste of time to worry over the habits of fossils. That the ambitious doctors, who were coming, or who had already arrived, regularly used the *Journal* to re-charge their batteries of information, and that the negligent were a negligible handful.

The apparent trouble with R. A. C. is that he multi-

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TWENTY-FIVE YEARS AGO

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plied himself instead of using the minus sign. He didn't stop to investigate, he didn't stop to think, but he stopped thinking. Cerebrate, my friend, cerebrate, and you will find that our *Journal* is not only bearing fruit, but sowing seed. That some of the fruit is not picked, and that some of the seed falls on barren ground, is only what betides the best—directed aims and actions that make up "the infinite pathos of human life."

C. J. E.

Medical Uses of Wines and Spirits
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June 30, 1919.

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All prescriptions shall indicate clearly the name and address of the patient, including street and apartment number, if any, the date when written, the condition or illness for which prescribed, and the name of the pharmacist to whom the prescription is to be presented for filling. . . .

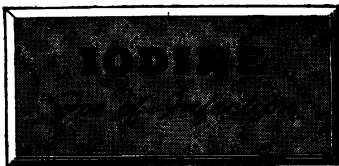


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TWENTY-FIVE YEARS AGO

(Continued from Page 46)

From an Article on "The Problem of the Woman Venereal Disease Carrier," by Ethel M. Watters, M.D., San Francisco.—When the Federal authorities chose to recognize the danger to the troops presented by the presence of women venereal disease carriers in the vicinities of the army camps, a great step in the fight against these diseases had been taken. In discussing the problem of the woman infected by syphilis or gonorrhea, the fact that both men and women are carriers, should not be ignored; however, the women are the more conspicuous individuals, often passing their lives in response to the demand for illicit sex relations, and they can usually be apprehended readily enough. They form a social group, for which society has but little consideration, whereas their patrons, on whose bounty they subsist, frequently are able by the strength of their social and economic positions to avoid entirely most of the unpleasant consequences of vicious acts. Punishment or care for the women alone, has never and will never solve the problem of eradicating venereal disease. . . .

One characteristic common to most prostitutes is a disinclination for exertion, either mental or physical. They acquire early in their careers habits of idleness and luxury which unfit them to earn their incomes in ordinary decent ways, and, when confronted with the necessity of changing their mode of living, they are completely at a loss, saying frankly that their earning power is not great enough to provide them bread alone. . . .

Perhaps as satisfactory a way of presenting a picture of the prostitute type will be to give some of the more interesting stories in detail. . . .